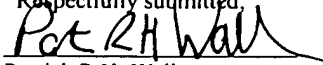


# COPY

|  |                      |                                 |
|--|----------------------|---------------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>Only for nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No.  | EXT-047CP                       |
|  | First Named Inventor | Shuber                          |
|  | Title                | Method for Alteration Detection |

| APPLICATION ELEMENTS   | ADDRESS TO: <b>Box Patent Application<br/>Assistant Commissioner for Patents<br/>Washington, D.C. 20231</b>   |
|--|---|
| 1. <input type="checkbox"/> Fee Transmittal Form   | <b>ACCOMPANYING APPLICATION PARTS</b>   |
| 2. <input checked="" type="checkbox"/> Small Entity Status<br><input checked="" type="checkbox"/> Applicant claims small entity status<br><input type="checkbox"/> Status established in prior application and is still proper and desired   |   |
| 3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 38]<br>- Written Description - (30 pages)<br>- Claims - (4 pages)<br>- Abstract - (1 page)<br>- Sheets of Drawings - (3 sheets)<br><input type="checkbox"/> Formal<br><input checked="" type="checkbox"/> Informal  |   |
| 4. <input type="checkbox"/> Oath or Declaration [Total Pages ]<br>a. <input type="checkbox"/> Newly executed (original)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 17 completed)</i><br><i>[Note Box 5 below]</i>   |   |
| 5. <input type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked)<br>The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.  |   |
| 6. <input checked="" type="checkbox"/> Application Data Sheet  | 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)<br><input type="checkbox"/> Power of Attorney  |
| 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Paper Copy (identical to computer copy)<br><input type="checkbox"/> CD (identical to computer copy)<br><input type="checkbox"/> Statement verifying identity of above copies   | 9. <input type="checkbox"/> English Translation Document (if applicable)  |
|  | 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449<br><input type="checkbox"/> Copies of IDS Citations  |
|  | 11. <input type="checkbox"/> Preliminary Amendment<br><input type="checkbox"/> Drawings [Total Sheets ]<br><input type="checkbox"/> Letter to Official Draftsperson Including Drawings [Total Pages ]   |
|  | 12. <input checked="" type="checkbox"/> Return Receipt Postcard   |
|  | 13. <input type="checkbox"/> Certified Copy of Priority Document(s)   |
|  | 14. <input type="checkbox"/> Deletion of Inventor(s)<br>Signed statement attached deleting inventor(s) named in the prior application.  |
|  | 15. <input type="checkbox"/> CD in duplicate for large table or computer program.   |
|  | 16. <input type="checkbox"/> Other:   |
| 17. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION, amend the specification by inserting on page 1, before the first line, the sentence:<br>--This is a <input type="checkbox"/> continuation <input type="checkbox"/> divisional <input checked="" type="checkbox"/> continuation-in-part of prior application Serial No. 09/809,713, filed on, March 15, 2001, the entire disclosure of which is incorporated by reference herein.--<br><b>Priority to the above application(s) is claimed under 35 U.S.C. 120.</b><br>Prior application information: Examiner: _____. Group/Art Unit: _____. |   |
| 18. <input type="checkbox"/> Priority - 35 U.S.C. 119<br><input type="checkbox"/> Priority of application Serial No. _____ filed on _____ in _____ is claimed under 35 U.S.C. 119.<br><input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. _____/_____ on _____.<br><input type="checkbox"/> The certified copy will follow.  |   |
| <b>CORRESPONDENCE ADDRESS</b>  | <b>SIGNATURE BLOCK</b>  |
| Direct all correspondence to: Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100  | Date: November 19, 2001<br>Reg. No. 41,418<br>Tel. No.: (617) 248-7240<br>Fax No.: (617) 248-7100<br><br>Respectfully submitted,<br><br>Patrick R.H. Waller<br>Agent for Applicant<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110 |



16349

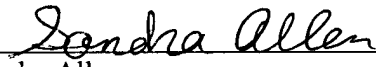
PATENT  
Attorney Docket No. EXT-047CP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Shuber  
SERIAL NO.: 09/988,491 GROUP NO.: 1634  
FILING DATE: November 20, 2001 EXAMINER: Stephanie W. Zitomer  
TITLE: METHOD FOR ALTERATION DETECTION

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 18th day of September, 2003.

  
Sandra Allen

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg);
2. Fee Transmittal (1 pg.);
3. Response to Office Action (3 pgs);
4. Copy of the utility patent application transmittal (1 pg);
5. Terminal Disclaimer (2 pgs);
6. Supplemental Information Disclosure Statement (2 pgs);
7. PTO Form-1449 (3 pgs) and copies of cited references A60-A87, B27-B56;
8. A Check in the Amount of \$290.00;
9. Notification of Loss of Entitlement of Small Entity Status (37 CFR §§ 1.27 and 1.28) (1 pg); and a
10. Return Receipt Postcard.



# TRANSMITTAL FORM

|                           |                      |
|---------------------------|----------------------|
| Application Serial Number | 09/988,491           |
| Filing Date               | November 20, 2001    |
| First Named Inventor      | Shuber               |
| Group Art Unit            | 1634                 |
| Examiner Name             | Stephanie W. Zitomer |
| Attorney Docket No.       | EXT-047CP            |
| Patent No.                | Not applicable       |
| Issue Date                | Not applicable       |

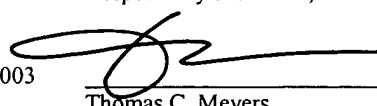
## ENCLOSURES (check all that apply)

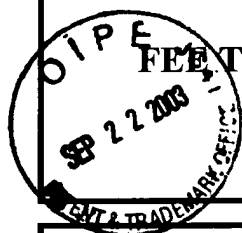
|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Check Attached (\$290.00)<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input checked="" type="checkbox"/> Response (3 pgs)<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]<br><input type="checkbox"/> Petition for Extension of Time<br><input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pgs)<br><input checked="" type="checkbox"/> Form PTO-1449 (3 pgs)<br><input checked="" type="checkbox"/> Copies of IDS Citations (A60-A87, B27-B56)<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application<br><input type="checkbox"/> Formal Drawing(s)<br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input checked="" type="checkbox"/> Terminal Disclaimer (2 pgs)<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> CD(s) for large table or computer program<br><input type="checkbox"/> Amendment After Allowance<br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Brief (in triplicate)<br><input type="checkbox"/> Status Inquiry<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)<br><input checked="" type="checkbox"/> Notification of Loss of Entitlement of Small Entity Status (37 CFR §§ 1.27 and 1.28) (1 pg)<br><input checked="" type="checkbox"/> Copy of the utility patent application transmittal (1 pg) |
|---|--|--|

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Respectfully submitted,  
  
Date: September 18, 2003  
Reg. No. 36,989  
Tel. No.: (617) 248-7013  
Fax No.: (617) 248-7100  
Thomas C. Meyers  
Attorney for Applicant  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110

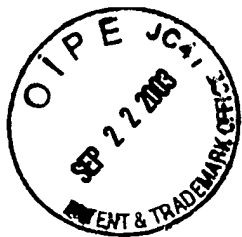


**FEE TRANSMITTAL**  
**FY 2003**

*Complete if Known*

|                           |                      |
|---------------------------|----------------------|
| Application Serial Number | 09/988,491           |
| Filing Date               | November 20, 2001    |
| First Named Inventor      | Shuber               |
| Group Art Unit            | 1634                 |
| Examiner Name             | Stephanie W. Zitomer |
| Attorney Docket No.       | EXT-047CP            |

| METHOD OF PAYMENT   |                                 |               |              | FEE CALCULATION (continued)  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
|---|---------------------------------|---------------|--------------|--|---------------------------------|---------------|--------|--------------------|--------|--------------|-------------------|--------------------|-------|------------------------|---|--|--------------|--|--|--------|--|--------------|--|------------------------|--|--|--|--------------|------------------------|--|------|--|------|--------------|--|--|--|----------|--|--|--|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check \$290.00  |                                 |               |              | 3. ADDITIONAL FEES   |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit.   |                                 |               |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| 3. <input type="checkbox"/> Applicant claims small entity status.   |                                 |               |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| <b>FEE CALCULATION</b>  |                                 |               |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| 1. FILING FEE   |                                 |               |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| <table><thead><tr><th>Large Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>750</td><td>Utility filing fee</td><td></td></tr><tr><td>330</td><td>Design filing fee</td><td></td></tr><tr><td>160</td><td>Provisional filing fee</td><td></td></tr></tbody></table>   |                                 |               |              | Large Entity Fee (\$)  | Fee Description                 | Fee Paid      | 750    | Utility filing fee |        | 330          | Design filing fee |                    | 160   | Provisional filing fee |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| Large Entity Fee (\$)   | Fee Description                 | Fee Paid      |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| 750   | Utility filing fee              |               |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| 330   | Design filing fee               |               |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| 160   | Provisional filing fee          |               |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| <table><thead><tr><th>Number Filed</th><th>Number Extra</th><th>Rate</th><th>Amount</th></tr></thead><tbody><tr><td>Total Claims</td><td>- 20 =</td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Independent Claims</td><td>- 3 =</td><td>x \$ 84.00 =</td><td></td></tr><tr><td colspan="3"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td>\$280.00 =</td></tr><tr><td colspan="3">TOTAL:</td><td></td></tr><tr><td colspan="3">SMALL ENTITY DISCOUNT:</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>(\$)</td></tr></tbody></table>   |                                 |               |              | Number Filed   | Number Extra                    | Rate          | Amount | Total Claims       | - 20 = | x \$ 18.00 = |                   | Independent Claims | - 3 = | x \$ 84.00 =           |   | <input type="checkbox"/> Multiple Dependent Claim(s), if any |              |  | \$280.00 =   | TOTAL: |  |              |  | SMALL ENTITY DISCOUNT: |  |  |  | SUBTOTAL (1) |                        |  | (\$) |  |      |              |  |  |  |          |  |  |  |  |
| Number Filed  | Number Extra                    | Rate          | Amount       |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| Total Claims  | - 20 =                          | x \$ 18.00 =  |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| Independent Claims  | - 3 =                           | x \$ 84.00 =  |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any  |                                 |               | \$280.00 =   |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| TOTAL:  |                                 |               |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| SMALL ENTITY DISCOUNT:  |                                 |               |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| SUBTOTAL (1)  |                                 |               | (\$)         |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| 2. AMENDMENT CLAIM FEES   |                                 |               |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| <table><thead><tr><th>Claims Remaining After Amend.</th><th>Highest No. Previously Paid For</th><th>Present Extra</th><th>Rate</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total</td><td>-</td><td>=</td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Indep.</td><td>-</td><td>=</td><td>x \$ 84.00 =</td><td></td></tr><tr><td colspan="3"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td>+ \$280.00 =</td><td></td></tr><tr><td colspan="3">TOTAL:</td><td></td><td>(\$)</td></tr><tr><td colspan="3">SMALL ENTITY DISCOUNT:</td><td></td><td>(\$)</td></tr><tr><td colspan="3">SUBTOTAL (2)</td><td></td><td>(\$)0.00</td></tr></tbody></table> |                                 |               |              | Claims Remaining After Amend.  | Highest No. Previously Paid For | Present Extra | Rate   | Fee Paid           | Total  | -            | =                 | x \$ 18.00 =       |       | Indep.                 | - | =  | x \$ 84.00 = |  | <input type="checkbox"/> First Presentation of Multiple Dep. Claim |        |  | + \$280.00 = |  | TOTAL:                 |  |  |  | (\$)         | SMALL ENTITY DISCOUNT: |  |      |  | (\$) | SUBTOTAL (2) |  |  |  | (\$)0.00 |  |  |  |  |
| Claims Remaining After Amend.   | Highest No. Previously Paid For | Present Extra | Rate         | Fee Paid   |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| Total   | -                               | =             | x \$ 18.00 = |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| Indep.  | -                               | =             | x \$ 84.00 = |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim  |                                 |               | + \$280.00 = |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| TOTAL:  |                                 |               |              | (\$)   |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| SMALL ENTITY DISCOUNT:  |                                 |               |              | (\$)   |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| SUBTOTAL (2)  |                                 |               |              | (\$)0.00   |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
|   |                                 |               |              | SUBTOTAL (3) (\$)  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
|   |                                 |               |              | SUBTOTAL (1) 0.00  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
|   |                                 |               |              | SUBTOTAL (2) 0.00  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
|   |                                 |               |              | SUBTOTAL (3) 290.00  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
|   |                                 |               |              | TOTAL (\$)   |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
|   |                                 |               |              | 290.00   |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| <b>CORRESPONDENCE ADDRESS</b>   |                                 |               |              | <b>SIGNATURE BLOCK</b>   |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| Direct all correspondence to:<br>Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100   |                                 |               |              | Respectfully submitted,<br><br>Thomas C. Meyers<br>Attorney for the Applicant<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110 |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |
| Date: September 18, 2003<br>Reg. No.: 36,989<br>Tel. No.: (617) 248-7013<br>Fax No.: (617) 248-7100   |                                 |               |              |  |                                 |               |        |                    |        |              |                   |                    |       |                        |   |  |              |  |  |        |  |              |  |                        |  |  |  |              |                        |  |      |  |      |              |  |  |  |          |  |  |  |  |



**PATENT**  
Attorney Docket No. EXT-047CP

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT(S): Shuber

SERIAL NUMBER: 09/988,491 GROUP NUMBER: 1634

FILING DATE: November 20, 2001 EXAMINER: Stephanie W. Zitomer

TITLE: METHOD FOR ALTERATION DETECTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

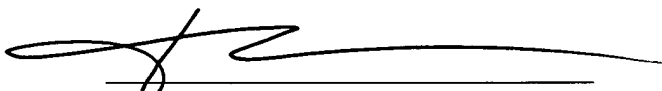
**NOTIFICATION OF LOSS OF ENTITLEMENT OF SMALL ENTITY STATUS**  
**(37 CFR §§ 1.27 and 1.28)**

Sir:

For the purposes of this patent application, Applicant hereby notifies the U.S. Patent and Trademark Office that it no longer seeks entitlement to status as a small entity and, accordingly, that a claim for small entity status is hereby withdrawn.

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Reg. No.: 36,989

Tel. No.: (617) 248-7013  
Fax No.: (617) 248-7000

  
Thomas C. Meyers  
Attorney for Applicant  
Testa, Hurwitz, & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, Massachusetts 02110